# JC13 Rec'd PCT/PTC 2 0 MAR 2002

	FOR!	и РТО-1390 5-93)	(Modified) U.S. DEPARTMENT OF	COMMERCE PATENT AND TRADEMARK OFFICE	E	ATTORNEY'S DOCKET NUMBER
			ANSMITTAL LETTER T	O THE UNITED STATES		025217-0104
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		С	ONCERNING A FILING	UNDER 35 U.S.C. 371		
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		PCT/AU	ONAL APPLICATION NO. 00/01193	INTERNATIONAL FILING DATE 09/29/2000	PRIORI	TY DATE CLAIMED 9/1999
			VENTION NCER AGENT AND METHOD	OF TREATMENT OF CANCER		
	APF	PLICANT	(S) FOR DO/EO/US	OF THEATMENT OF CANCER		
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•	1.	$\boxtimes$		items concerning a filing under 35		
	2.		This is a SECOND or SUBSE	QUENT submission of items conce	rning a fi	ling under 35 U.S.C. 371.
	3.					. 371(f)) at any time rather than delay . 371(b) and PCT Articles 22 and 39(1).
	4.	$\boxtimes$	A proper Demand for Internati priority date.	onal Preliminary Examination was r	nade by	the 19 <sup>th</sup> month from the earliest claimed
ı	5.	$\boxtimes$		olication as filed (35 U.S.C. 371(c)(		
				(required only if not transmitted by	the Interr	national Bureau).
				y the International Bureau. application was filed in the United S	tates Re	ceiving Office (RO/US)
	6.			al Application into English (35 U.S.)		
	7.	⊠		the International Application under I	٠,	
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ı				by the International Bureau. owever, the time limit for making su	ob amau	admosts has NOT assisted
			have not been made as		ich amer	idifients has NOT expired.
	8.			nts to the claims under PCT Article	19 (35 U	.S.C. 371(c)(3)).
	9.		An oath or declaration of the in	oventor(s) (35 U.S.C. 371(c)(4)).		
	10.		A translation of the annexes to 371(c)(5)).	the International Preliminary Exam	nination F	Report under PCT Article 36 (35 U.S.C.
	11.		Applicant claims small entity 17. below concern other docum	status under 37 CFR 1.27 .		
- 1				• •		
- 1	12.	_		tement under 37 CFR 1.97 and 1.94		
- 1	13.	_	•		n compli	ance with 37 CFR 3.28 and 3.31 is included.
	14.		A FIRST preliminary amendment A SECOND or SUBSEQUENT			
	15.		A substitute specification.			
	16.		A change of power of attorney	and/or address letter.		
	17.	$\boxtimes$	Other items or information: Appgs.), SB/08 (2 pgs.) and 4 Re		shed text	t (26 pgs), International Search Report (2
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## JC13 Rec'd PCT/PTO 2 0 MAR 2002

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but internation	al search fee pa	aid to	USPTO (37 CFR	1.44	15(a)(2)		\$740	.00			
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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

John Alexander Edgar

Title:

ANTI CANCER AGENT AND METHOD OF TREATMENT OF

CANCER

Appl. No.:

Unassigned

Filing Date:

03/20/2002

Examiner:
Art Unit:

Unassigned Unassigned

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## PRELIMINARY AMENDMENT

Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir

Prior to examination of the above-identified application, Applicant requests that the following amendments be entered into the application:

#### In the Claims:

In accordance with 37 CFR §1.121, please substitute original claims 7, 9, 13-16 and 19 the following rewritten versions of the same claims, as amended. The changes are shown explicitly in the attached "Version With Markings to Show Changes Made."

7. (Amended) A method according to claim 4 wherein the phomopsin of formula la comprises compounds of the stereochemistry lb

1 U Attv. Okt. No. 025217-0104

9 (Amended) A method according to claim 2 wherein R4 is a di or and a monoclonal antibody.

13. (Amended) A method according to claim 1 wherein the patient is

suffering from liver cancer.

14. (Amended) A method according to claim 1 wherein said phomopsin or derivative thereof is administered in a pharmaceutical composition with a

pharmaceutically acceptable carrier.

15. (Amended) A method according to claim 13 wherein the patient is also

treated with one or more other anticancer drugs in combination with phomopsin.

(Amended) A method according to claim 1 wherein the administration of

phomopsin is at a dosage to effect anticancer activity without adverse cytotoxic

effects on normal cells.

19. (Amended) A pharmaceutical composition according to claim 18 wherein

the compound of formula I is selected from the group consisting of phomopsin A, octahydrophomopsin A, isophomopsin A, phomopsinamine A, salts thereof and

mixtures of two or more thereof.

REMARKS

Applicant respectfully requests that the foregoing amendments to Claims 7, 9, 13-16 and 19 be entered in order to avoid this application incurring a surcharge for the

presence of one or more multiple dependent claims.

Date March 20, 2002

FOLEY & LARDNER Customer Number: 22428

22428

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pectfully submitted, Michiel M. S. Julin Reg No. 34.717 for

Respectfully submitted,

Stephen A. Bent Attorney for Applicant Registration No. 29,768

### VERSION WITH MARKINGS TO SHOW CHANGES MADE

7. (Amended) A method according to [any one of] claim[s] 4 [to 6) wherein the phomopsin of formula la comprises compounds of the stereochemistry lb

$$\begin{array}{c}
CI & OH \\
HO & R^1 \\
HO & R^2 \\
R^5 & NH & C \\
R^7 & H & R^5 \\
H & R^5 & O
\end{array}$$
(Ib)

- 9. (Amended) A method according to [any one of] claim[s] 2 [to 7] wherein  $R^4$  is a di or and a monoclonal antibody.
- 13. (Amended) A method according to [any one of] claim[s] I [to 12] wherein the patient is suffering from liver cancer.
- 14. (Amended) A method according to [any one of] claim[s] 1 [to 13] wherein said phomopsin or derivative thereof is administered in a pharmaceutical composition with a pharmaceutically acceptable carrier.
- 15. (Amended) A method according to [any one of] claim[s 1 to 14] 13 wherein the patient is also treated with one or more other anticancer drugs in combination with phomopsin.
- 16. (Amended) A method according to [any one of] claim[s] 1 [to 15] wherein the administration of phomopsin is at a dosage to effect anticancer activity without adverse cytotoxic effects on normal cells.
- 19. (Amended) A pharmaceutical composition according to claim [17] 18 wherein the [phomopsin or derivative thereof] compound of formula I is selected from the group consisting of phomopsin A, octahydrophomopsin A, isophomopsin A, phomopsinamine A, salts thereof and mixtures of two or more thereof.

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### ANTI CANCER AGENT AND METHOD OF TREATMENT OF CANCER

The present invention relates to the treatment of cancer and to compositions for use in treatment of cancer

The search for anti-cancer agents has been, and remains, a major endeavour of the pharmaceutical industry, academic institutions and government agencies throughout the world. One of the significant problems with many cancer treatments is the severe adverse affects they have on the patient and non-cancerous tissues.

We have now found that phomopsin mycotoxins (hereafter referred to as phomopsins) and their derivatives exhibit potent anticancer activity. In addition, and due to the tendency of phomopsins to specifically target the liver, we believe that phomopsins may be used to provide selective activity against liver cancer. It will be appreciated that the selectivity of phomopsins in treatment of liver cancer is a significant advantage as it allows liver cancers to be targeted while minimising the effects on other tissues.

20 Phomopsins may however be utilised in treatment of cancers other than liver cancer by selecting formulations or derivatives of phomopsins which enhance selectivity of the drug for certain types of cancer cells or certain types of cancers. Derivatives of phomopsins may be formed which are conjugates with monoclonal antibodies. The monoclonal antibody may be produced by known methods to provide selectivity for cancer cells.

Phomopsins are characterised by a 13-member ring structure generally of formula I

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wherein

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R<sup>1</sup>, R<sup>2</sup>, R<sup>3</sup>, R<sup>4</sup>, R<sup>5</sup>, R<sup>6</sup> and R<sup>7</sup> are optional substituents and may be independently selected from the group consisting of hydrogen, aliphatic, aromatic, peotide chains and halogen

X is aliphatic, hydrogen or halogen (preferably hydrogen); and

Y is aliphatic, hydrogen or halogen (preferably chlorine):

where present a peptide chain may be conjugated with a monoclonal antibody (Mab). The phomopsins may be derivatives of compounds of formula I such as the salts thereof.

The preferred phomopsins as selected from compounds containing the group of formula la:

$$\begin{array}{c|c}
CI & OH \\
& OH$$

20 and the derivatives thereof.

In formula 1 and 1a  $R^1$ ,  $R^2$ ,  $R^3$ ,  $R^5$ ,  $R^6$  and  $R^7$  may typically be independently selected from hydrogen and aliphatic and  $R^4$  is generally a peptide. In one embodiment  $R^4$  is a peptide conjugated with an antibody, particularly a monoclonal antibody (Mab). More preferably  $R^1$ ,  $R^2$ ,  $R^5$  and  $R^6$  are lower aliphatic and  $R^3$  and  $R^7$  are hydrogen. Even more preferably  $R^1$ ,  $R^2$  and  $R^6$  are lower alkyl and  $R^5$  is lower alkyl or lower alkenyl. Most preferably  $R^1$  is ethyl,  $R^2$  is methyl,  $R^3$  is hydrogen,  $R^5$  is isopropyl or iso-propenyl and  $R^6$  is methyl. Where used herein the terms lower aliphatic, lower alkyl and, lower alkenyl include groups containing up to six carbon atoms and most preferably up to 4 carbon atoms.

The preferred stereochemistry of the compounds of formula  ${\rm Ia}$  is as shown in formula  ${\rm Ib}$ :

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CI

OH

HO

$$R^1$$
 $R^2$ 
 $R^2$ 
 $R^3$ 
 $R^4$ 
 $R^3$ 
 $R^4$ 
 $R^4$ 

Preferably at least 60% by weight of the phomopsin component will have stereochemistry 1b.

The group R<sup>4</sup> is a peptide preferably a di- or tri-peptide which may optionally be bound to an antibody such as a monoclonal antibody. The preferred group R<sup>4</sup> has the formula II and includes all stereo isomers:

wherein the dotted line represents an optional double bond;

 $R^8$  and  $R^9$  are independently selected from hydrogen and lower alkyl and more preferably  $R^8$  is methyl and  $R^9$  is ethyl and  $R^{11}$  and  $R^{10}$  are hydrogen or together form a double bond:

R<sup>12</sup> is selected from the group consisting of amino, mono substituted amino, disubstituted amino and an amino acid residue particularly the group of formula III:

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wherein  $R^{13}$  and  $R^{14}$  are hydrogen or together form a double bond and  $R^{15}$  is selected from the group consisting of hydroxy, amino, substituted amino or an antibody particularly Mab.

5 When R<sup>15</sup> is an antibody or linked to an antibody it is preferred that R<sup>13</sup> and R<sup>14</sup> form a double bond providing a dehydroaspartic acid residue. In such a case, the carbon-nitrogen bond in the residue of formula III is relatively weak enabling an active phomopsin of formula Ia (wherein in the group of formula II R<sup>12</sup> is amino) to be released from the MAb once it becomes bound to cancer cells.
10 Thus a dehydroaspartic acid residue is expected to facilitate delivery of phomopsins via the Mab conjugate

The most preferred phomopsin compounds are selected from phomopsin A, octahydrophomopsin A, iso-phomopsin A and phomopsinamine A. These compounds have the formula set out below:

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The patent may be treated with a mixture of phomopsins and it will be understood that the reference to phomopsin in the specification and claims includes mixtures of phomopsins.

In one aspect the invention provides a pharmaceutical composition for treatment of cancer, preferably liver cancer, containing a phomopsin compound or derivative thereof or pharmaceutically acceptable salt of the phomopsins or derivative and a pharmaceutically acceptable carrier.

Salts of phomopsins such as the alkaline metal salts are reasonably water soluble. Aqueous solutions can be formed by dissolving the phomopsins in a dilute base such as sodium hydroxide to provide a neutral solution.

In another aspect the invention provides a method of treatment of a patient suffering cancer including administering to the patient a phomopsin compound or derivative thereof or pharmaceutically acceptable salt of the phomopsin or derivative

The phomopsin compound may be administered by a variety of methods including oral administration in the form of a syrup, capsule, tablet or the like, by injection or by intravenous infusion.

Preferably the compound is administered by intravenous infusion

In a further aspect the invention provides the use of a phomopsin compound as hereinbefore described for preparation of a pharmaceutical composition for treatment of cancer and in particular liver cancer.

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Phomopsin compounds are produced by certain fungi, including <u>Diaporte</u> <u>toxicus</u> (formerly <u>Phomopsis leptostromiformis</u>) and <u>Phomopsis emicis</u>, or may be derived from these natural products.

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The activity of phomopsins is believed to be due in part to the strong binding of the compounds to tubulin. This may disrupt cell mitosis by inhibiting tubulin formation and cause depolymerization of formed microtubules. It may be preferred in some cases to use phomopsins in combination therapy with one or more other anticancer drugs or therapies. The drugs used in combination with phomopsins may be selected to enhance results by providing complementary activity in binding to microtubules. Examples of possible drugs for use in combination with phomopsins include paclitaxel, vinblastine and vincristine.

15 The invention will now be described with reference to the following examples. It is to be understood that the examples are provided by way of illustration of the invention and that they are in no way limiting to the scope of the invention.

### Examples

20 For the *in vitro* and *in vivo* assessments of anticancer activity performed by the National Cancer Institute in the USA, phomopsin A, iso-phomopsin A,

phomopsinamine A and octahydrophomopsin A were obtained by the methods as described in the references by C. Culvenor, J. Edgar and M. Mackay, Tetrahedron Vol. 45, No. 8 pp 2351 (1989). and by J. Edgar, J. Frahn, P. Cockrum and J. Culvenor in the paper "Lupinosis. The Chemistry and Biochemistry of the Phomopsins" Mycotoxins and Phycotoxins, collection of invited papers presented at the sixth International IUPAC Symposium on Mycotoxins and Phycotoxins, Pretoria, Rep. South Africa, 22-25 July 1985, or as described herein.

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### ISOLATION OF PHOMOPSIN A

### Background:

The extraction process is designed to minimise difficulty and cost. The fermented seed is continuously extracted with recycling 15% methanol:water

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through an in line XAD (styrene divinylbenzene copolymer) column. The time required for adsorption of phomopsin A onto the XAD is quite lengthy, but requires minimal operator input. The timing of this step is not critical, hence can be adapted to suit operating conditions.

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The phomopsin A has a relatively low solubility in 15% methanol. The procedure relies on the adsorption of phomopsin A on the XAD resin driving the solubility equilibrium of phomopsin A in the fermented seed toward dissolution. This procedure reduces solvent usage, volumes to be handled and flammability hazards. The alternate method of extraction, without recycling would use 150+ litres of pure methanol for the initial extraction, involve a further concentration step (or dilution of the methanol extract to 900+L) then adsorption onto XAD. The current procedure uses 12 L methanol, requires minimal operation input for the adsorption phase and uses far less solvent (total volume 85L instead of 900+L).

The elution of the concentrated phomopsin A from the column is the first step in a 3 stage isolation to produce crystalline phomopsin A of 80-90% purity.

20 After a preliminary wash with 15% methanol in water, phomopsin A may be eluted from the column using 100% methanol. Silica gel flash column chromatography may be used for purification. The column is conditioned using 5:95 ammonia:isopropanol and the concentrate dissolved in a minimum of 20:65:15 ammonia:isopropanol:water. Phomopsin A is eluted using this 3 solvent combination. Recrystallisation from boiling glacial acetic acid provides phomopsin A in 80-90% purity.

### PREPARATION OF iso-PHOMOPSIN A

### Materials:

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0.5M HgCl<sub>2</sub>: 280 mg HgCl<sub>2</sub> dissolved in 2 ml H<sub>2</sub>O (+50  $\mu$ l 10M HCl).

0.01M Phomopsin A: 18.3 mg PhA dissolved in 2 ml  $H_2O$  (with puff of  $NH_3$ ).

1M HCL

### Method:

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0.01M Phomopsin A (2.0 ml) was mixed with 0.5M  $\rm HgCl_2$  (1 ml) and 1M  $\rm HCl$  (200  $\mu$ l), total volume 3.2 ml, and left at room temperature for 5 hours. The solution was diluted to 8 ml with water then passed through a prepared C18 Maxi-clean SPE cartridge (900 mg) and washed with 7-8 ml  $\rm H_2O$ . The adsorbed *iso*-phomopsin A was then eluted with 8-9 ml MeOH The aqueous eluate from the first C18 cartridge was reprocessed through a second C18 cartridge to check whether the first cartridge was overloaded. The MeOH eluate from the second cartridge had very little residue on drying and was not included in further processing.

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The methanol eluate, made up to 10mls, was analysed by HPLC and then was evaporated to dryness and purified using preparative HPLC.

### PREPARATION OF PHOMOPSINAMINE A

Phomopsin A (15.3 mg) was dissolved in the minimum amount of 1M HCl and left at room temperature for 28 hours. The reaction mixture was diluted to 8 ml with water then passed through a strong anion exchange cartridge (SAX, 600 mg) to remove any unreacted phomopsin A (pH of solution expected to be about 1.52). The aqueous solution of non-adsorbed compounds, and the water washings of the SAX column, were then passed through a prepared C18 cartridge (900 mg). The C18 cartridge was washed with H<sub>2</sub>O (10 ml) then the phomopsinamine A eluted with methanol (10 ml).

The methanol eluate was subjected to HPLC analysis and then evaporated to dryness and the phomopsinamine A purified using preparative HPLC.

This method may be modified by sampling the reaction mixture after 5-6 hours, 24 hours and 28-30 hours. All washings and eluates may be assayed by HPLC to monitor the conversion of phomopsin A to phomopsinamine A.

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### ANTICANCER ACTIVITY OF THE PHOMOPSINS

### In vitro Screening Assay

The anticancer activity of phomopsin A, octahydrophomopsin A, iso-phomopsin A and phomopsinamine A was assessed against 60 human cancer cell lines *in* 

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vitro. The methods used to assess anticancer activity are those employed by the United States National Cancer Institute (NCI) as a primary screen for discovering compounds with anticancer potential (Boyd and Paull, Drug Development Research, 34, 91-109 1995).

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The measured effect of the compound on the Percentage Growth (PG) of a cell line is currently calculated according to one or the other of the following two expressions:

If (Mean OD<sub>test</sub> - Mean OD<sub>tzero</sub>) ≥ 0, then

 $PG = 100 \ x \ (Mean \ OD_{test} - Mean \ OD_{tzero}) / (Mean \ OD_{ctrf} - Mean \ OD_{tzero})$  If  $(Mean \ OD_{test} - Mean \ OD_{tzero}) < 0$ , then

PG = 100 x (Mean ODtest - Mean ODtest)/Mean ODtest

Where:

Mean OD<sub>tzero</sub> = The average of optical density measurements of SRB-derived color just before exposure of cells to the test compound.

Mean ODtest =

The average of optical density measurements of SRBderived color after 48 hours exposure of cells to the test compound.

Mean OD<sub>ctrl</sub> = 20

The average of optical density measurements of SRBderived color after 48 hours with no exposure of cells to the test compound.

### Results

The calculated PGs of each of 60 cell lines for various concentrations of the test compounds are presented in Tables 1a to 4b. Testing was conducted twice for each compound and the results of the testing of this compound phomopsin A (Tables 1a and 1b), octahydrophomopsin A (Tables 2a and 2b), isophomopsin A (Tables 3a and 3b) and phomopsinamine A (Tables 4a and 4b) and demonstrate a dose-related response of most of the cancer cell lines tested to phomopsin A, iso-phomopsin A, octahydrophomopsin A and phomopsinamine A. In particular, the data supported progression of the assessment procedure to in vivo testing.

### Table 1a

Compound 1 Phomopsin A

ID No. 9502RM16	4				
		Lo	g10 Co cen	tration	
			rcent Growti		
Cell line Leukemia	-6	-7	-6	-5	-4
CCRF-CEM	99	106	98	34	-24
HL-60 (TB)	101	101	76	-17	-43
K-562	97	102	87	24	-23
MOLT-4	99	103	95	43	29
RPMI-8226 SR	111	109	103	36	-5
Non-small cell lung cancer	118	111	53	-16	-35
A549/ATCC	102	103	69	31	17
EKVX	102	106	85	40	11
HOP-62	104	106	96	72	56
HOP-92	114	116	110	91	90
NCI-H226 NCI-H23	107 105	121 102	67 101	-4 74	-26
NCI-H322M	102	98	94	30	36 8
THO THE EN	102	50	34	30	
NCI-H460	103	111	83	16	9
NCI-H522	103	105	100	18	-21
Colon cancer COLO 205					_
HCC-2998	107 95	75 95	57 74	-54 4	-79 -46
HCT-116	97	102	101	32	11
HCT-15	90	97	74	26	10
HT29	95	97	91	14	5
KM12	100	83	62	12	5
SW-620 CNS cancer	96	107	101	62	44
SF-268	101	101	89	51	36
SF-295	107	102	74	21	8
SF-539	94	94	69	-18	-54
SNB-19	93				
SNB-75	93	97 77	92 48	-11	22 21
U251	100	102	89	16	4
Melanoma					-
LOX IMVI	90	97	82	43	20
MALME-3M M14	101	92	65	32	25
M14 SK-MEL-2	98 97	83 95	64 84	0 32	-27 11
SK-MEL28	94	83	68	44	37
SK-MEL-5	100	87	48	30	23
UACC-257	113	104	72	60	70
UACC-62	101	95	79	38	26
Ovarian cancer IGR-OV1	99	400	97		
OVCAR-3	102	102 97	64	73 11	44
OVCAR-4	99	84	114	63	54
OVCAR-5	101	102	78	20	27
OVCAR-8	95	99	97	62	8
SK-OV-3 Renal cancer	104	97	70	19	11
786-0	105	90	86	26	18
A498	96	91	67	- 6	0
ACHN	101	91	89	48	36
CAKI-1	90	88	63	37	28
RXF-393	91	87	49	25	39
SN12C TK-10	104 94	104 101	92 85	64 68	38 53
UO-31	98	94	91	64	48
Prostate cancer		• • •	•	-	
PC-3	100	89	66	20	10
OU-145	108	102	66	8	-13
Breast cancer MCF7	98	92	67	21	6
MCF7/ADR-RES	98	92	90	48	13
MDA-MB-231/Atcc	99	101	93	77	2
HS 578T	104	107	101	71	75
MDA-MB-435	98	60	16	-46	-80
MDA-N BT-549	93 100	71 121	-29 112	-86 60	-79 56
T-47D	91	107	71	42	73
_					

### Table 1b

Compound 1 Phomopsin A

Compound 1: Phomopsin A					
ID No: 9409SC89					
				10 Concenti	
				ent Growth	
Cell line	-6	-7	-6	-5	-4
Leukemia CCRF-CEM				_	
HL-60 (TB)	84	86	80	-2	-47 -65
	75	88	76	-31	
K-562	105	121	93	33	11
MOLT-4 RPMI-8226	98	93	90	28	28
SR	103	94	87	9	-27
Non-small cell lung cancer	90	88	88	25	19
A549/ATCC	107	103	82	34	25
EKVX			92	58	45
HOP-62	107 100	99 114	92	56 57	35
NCI-H226	87	114 85	99	34	-5
NCI-H23	101	101	88	20	-2
NCI-322M	93	93	80	27	44
NCI-H460	101	95 95	80	12	***
NCI-H400	101	95	80	12	
NCI-H522	102	102	93	9	-21
Colon cancer	102	102	83		-21
COLO 205	99	108	69	-27	-44
HCC-2998	104	96	87	11	-37
HCT-116	102	94	93	32	15
HCT-15	102	99	103	35	15
HT29	95	95	92	-14	-52
KM12	92	87	61	-19	-52
SW-620	104	104	93	34	22
CNS cancer	104	104	93	34	22
SF-268	104	106	87	40	16
SF-295	100	94	74	-45	-53
SF-539	99	102	98	32	-7
SNB-19	101	98	94	56	33
SNB-75	83	55	28	15	16
U251	103	98	91	26	9
Melanoma					-
LOX IMVI	101	108	100	46	37
M14	99	110	76	19	-31
SK-MEL-2	87	92	74	32	16
SK-MEL-28	96	98	69	37	51
SK-MEL-5	106	101	54	22	10
UACC-257	98	92	75	26	42
Ovarian cancer					
IGROV1	104	119	109	57	27
OVCAR-5	99	100	82	24	19
OVCAR-8	105	133	104	59	30
SK-OV-3	94	114	89	26	47
Renal cancer					
786-0	91	97	98	38	17
A498	99	100	83	17	-5
ACHN	98	90	90	43	21
SN12C	105	100	103	59	28
TK-10	100	106	98	92	55
Prostate cancer					
PC-3	99	100	86	21	15
DU-145	99	105	83	22	20
Breast cancer					
MCF7	98	100	76	23	12
MCF7/ADR-RES	97	100	86		
MDA-MB-231/ATCC	99	98	96	66	30
HS 578T	113	109	79	23	4
MDA-MB-435	90	81	34	1	-23
MDA-N	103	101	23	-75	-63
BT-549	107	110	100	65	49
T-47D	95	98	74	32	5€

## Table 2a

Compound 1.	Octahydrophomopsin A

ID No: 9409SC89	орнонюрант	`			
		L	og 10 Concer	ntration	
Cell line	_	. P	ercent Grow		
Leukemia	-6	-7	-6	-5	
CCRF-CEM	90				
HL-60 (TB)	106	96	82	8	-:
K-562	100	95	88	-25	-49
MOLT-4	103	108	92	22	14
RPMI-8226	110	112 99	105	39	20
SR	94	96	84	7	-33
Non-small cell lung car		90	92	27	15
A549/ATCC	105	104	97	47	
EKVX	95	97	88	62	12
HOP-62	103	96	105	72	44
NCI-H226	85	75	85	33	-22
NCI-H23	110	118	104	69	12
NCI-H322M	100	99	91	49	26
NCIH460	99	99	96	29	20
NCIH522	99	99	88		
Colon cancer					
COLO 205	97	100	70	1	-82
HCC-2998			135	•	-16
HCT-116	104	103	100	41	14
HCT-15	96	97	97	58	16
HT29	93	91	90	30	6
KM12	108	124	139	63	-8
SW-620	95	98	87	34	32
CNS cancer					-
SF-268	101	100	86	43	22
SF-295	88	88	72	-27	-65
SF-539	101	95	95	27	-32
SNB-19	100	97	99	59	38
SNB-75	90	111	89	-7	27
U251	96	99	90	20	-3
Melanoma					_
LOX IMVI	97	100	92	52	39
M14	101	70	94	24	-51
SK-MEL-2	111	109	106	38	60
SK-MEL-28	105	94	69	29	41
SK-MEL-5	93	105	45	3	-19
UACC-257	98	97	85	36	37
Ovarian cancer					
IGROV1	108	107	99	52	34
OVCAR-5	102	94	96	57	24
OVCAR-8	106	99	100	62	29
SK-OV-3 ,	85	98	79	27	-11
Renal cancer 786-0					
700-U A498	104 104	110	127	95	54
ACHN	104 99	100	103	49	16
SN12C	99	96	86	61	22
TK-10	99 97	96	92	63	28
Prostate cancer	97	96	101	87	51
PC-3	89	100			
DU-145	105		90	37	21
Breast cancer	105	108	95	29	-4
MCF7	115	108			
MCF7/ADR-RES	115	108 106	108	34	26
MDA-MB-231/ATCC	107	95	105	66	-15
HS 578T	90	95	83 72	53	23
MDA-MB-435	100	91	72 59	13	-10
MDA-N	101	91	59 51	13 -9	-14
BT-549	111	75	87	.g 57	-23 37
T-47D	95	122	89	45	48

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## Table 2b

Compound 1: Octahydrophomopsin A ID No. 950RM16

ID No. 950RM16	, nornopani re				
			10 Concen		
Celi line	-6	-7	rcent Growtl	-5	-4
Leukaemia	-0		-0	-9	***
CCRF-CEM	99	102	93	28	-33
HL-60 (TB)	100	81	93	2	-33
K-S62	104	100	99	27	-21
MOLT-4	104	99	103	46	26
RPMI-8226 SR	94 78	87 92	96 54	39 -9	-3 -35
Non-small cell lung cance		92	54	-9	-35
A549/ATCC	104	93	101	57	21
EKVX	105	93	93	52	23
HOP-62	89	90	85	55	21
HOP92	98	99	92	51	76
NCI-H226	108	104	102	23	-14
NCI-H23	94	96	85	57	27
NCI-H322M	99	98	99	74	17
NCI-H460	105	101	104	45	15
NCI-H522	108	103	102	27	-13
Colon cancer					
COLO 205	101	94	74	13	-13
HCC-2998	97	100	104	48	-13
HCT-116	105	100	101	42	17
HCT-15 HT29	90 97	98 96	81 101	45 61	22 8
KM12	101	96 96	99	40	20
SW-620	100	93	92	58	36
CNS cancer					-
SF-268	101	98	86	52	46
SF-295	93	79	74	22	0
SF-539	83	90	87	1	-55
SNB-19	101	103	104	50	23
SNB-75	99	102	52	-11	16
U251	103	96	97	30	9
Melanoma					
LOX IMVI	91	91	85	45	25
MALME-3M	99	96	84	46	27
M14	90	98	98	43	5
SK-MEL-2 SK-MEL-28	101 106	96 90	93 76	40 48	12 43
SK-MEL-20 SK-MEL-5	110	107	76	36	28
UACC-257	105	105	74	65	88
UACC-62	104	96	87	31	18
Ovarian cancer					
IGR-OV1	94	95	94	68	42
OVCAR-3	103	99	87	31	13
OVCAR-4 OVCAR-5	106 107	90 104	94 105	85	99 26
OVCAR-8	98	99	95	62 70	19
SK-OV-3	104	90	98	43	10
Renal cancer					
786-0	113	96	90	48	33
A498	104	96	100	51	20
ACHN	100	103	104	81	52
CAKI-1 RXF-393	95 95	72 93	69 81	36 52	32 42
SN12C	95	93	92	63	42
TK-10	92	98	83	91	59
UO-31	100	92	99	75	52
Prostate cancer					
PC-3	104	99	93	42	12
DU-145	100	97	94	17	-1
Breast cancer					
MCF7 MCF7/ADR-RES	104 102	100 98	94 97	48 61	46 23
MDA-MB-231/ATCC	97	98 67	72	61 64	23
HS 578T	103	92	72 87	51	83
MDA-MB-435	101	89	40	-25	-66
MDA-N	85	81	11	-77	-80
BT-549	123	108	96	46	38
T-47D	99	100	86	59	77

### Table 3a

Compound 1, ISO-Phomopsin A ID No: 9409SC89

ID No. 9409SC89					
			g10 Concen		
Cell line			ercent Growt		
Leukemia	-6	-7	-6	-5	-4
CCRF-CEM	103	97	92	7	
HL-60 (TB)	105	98	92 98	-29	-43 -59
K-562	128	123	112	-29 25	
MOLT-4	97	105	106	46	5
RPMI-8226	106	104	87	-40	-14
SR	96	99	94	28	- 14
Non-small cell lung cancer			5.4	20	,
A549/ATCC	104	103	90	31	11
EKVX	103	101	98	64	58
HOP-62	95	82	79	53	21
NCI-H226	95	93	110	39	-15
NCI-H23	99	105	93	37	16
NCI-H322M	95	100	85	34	51
NCI-H460	95	96	85	7	-32
NCI-H422	100	99	95	10	-76
Colon cancer					
COLO 205	102	106	76	-45	-48
HCC-2998	96	99	92	15	-35
HCT-116	100	111	99	30	6
HCT-15	100	102	102	40	16
HT29	98	98	93	-30	-26
KM12 SW-620	116	98	62	-33	-69
CNS cancer	99	99	87	23	2
SF-268					
SF-200 SF-295	102	94 93	87	46	31
SF-539	96	93 95	88 82	-36	-52
SNB-19	100	98		28	-6
SNB-75	84	102	89 106	57	37
OND-75	04	102	106	23	36
U251	97	93	83	15	-20
Melanoma	٠,	35	0.5	13	-20
LOX IMVI	99	96	91	43	19
M14	78	81	46	-6	-58
SK-MEL-2	100	95	80	18	0
SK-MEL-28	93	95	78	47	43
SK-MEL-5	117	110	41	-2	1
UACC-257	98	96	85	20	27
Ovarian cancer					
IGROV1	105	106	94	49	27
OVCAR-5	102	100	95	30	25
OVCAR-8	103	107	105	66	32
SK-OV-3	105	106	86	24	35
Renal cancer					
786=0	93	94	99	40	24
A498	97	93	95	21	3
ACHN	101	95	91	46	21
SN12C	102	99	101	65	24
TK 10	101	103	101	87	58
Prostate cancer PC-3					
PU-3 DU-145	101	106	85	28	18
Breast cancer	106	111	97	16	5
MCF7	102				
MCF7/ADR-RES		92	69	20	3
MDA-MB-231/ATCC	106 102	109	95	19	2
HS 578T	102	100 80	107 69	64	26
MDA-MB-435	98	106	58	38 -20	31
MDA-N	103	92	58 42		3
BT-549	116	108	123	-7 71	-37 32
T-47D	104	96	103	42	42
		30	.00	72	42

### PCT/AU00/01193

15 Table 3b

Compound 1. ISO-Phomopsin A	
ID No: 9502RM16	

ompound 1.130-Fridinopsi D No 9502RM16					
J NO BBOLINITO		Log1	0 Concentra	tion	
			ent Growth		
cell line	-6	-7	-6	-5	-4
eukemia					
CCRF-CEM	103	106	97 83	25 -19	-21 -41
4L-60 (TB)	95	100	92	-19 19	-41
C-562	100	104	101	44	24
MOLT-4	110	110	97	19	6
RPMI-8226	110	96	41	-15	-22
SR Non-small cell lung cancer	100	90		-15	
A549/ATCC	104	100	77	33	19
FKVX	94	101	96	44	22
HOP-62	94	94	89	54	26
HOP-92	96	96	76	66	86
NCI-H226	114	110	88	-6	-27
NCI-H23	104	105	83	48	39
NCI-H322M	106	98	96	32	14
NCI-H460	93	105	79	20	4
NCI-H522	101	97	88	15	-4
Colon cancer					
COLO205	90	76	44	-34	-70
HCC-2998	98	97	82	-8	-64 4
HCT-116	93	88	79	21 29	14
HCT-15	97	98	85	10	6
HT29	99 91	100 87	85 47	15	-6
KM12		99	83	40	35
SW-620	97	99	83	40	33
CNS cancer	94	92	88	52	37
SF-268	95	100	73	12	-11
SF-295 SF-539	101	97	76	-29	-68
SF-939	101	31		2.0	
SNB-19	97	100	89	44	20
SNR-75	97	104	84	-3	60
U251	98	96	77	11	4
Melanoma					
LOX IMVI	98	100	92	45	30
MALME-3M	100	89	64	26	17
M14	101	80	69	5	-26
SK-MEL-2	94	99	75	23	17
SK-MEL-28	93	88	77	40	24
SK-MEL-5	99	87	60	29	35
UACC-257	84	92	78	46	58
UACC-62	96	96	83	45	29
Ovarian cancer					36
IGR-OV1	98	97	93 46	58 3	-17
OVCAR-3	97	90	79	62	47
OVCAR-4	97 97	92 99	68	15	21
OVCAR-5	106	106	106	74	34
OVCAR-8 SK-OV-3	95	92	76	23	6
	95	92	,,	20	
Renal cancer 786-0	94	84	79	32	16
A498	82	84	87	0	-16
ACHN	101	108	101	56	48
CAKI-1	90	104	82	47	46
RXF-393	100	102	75	42	35
SN12C	95	93	93	61	28
TK-10	101	105	97	96	71
U0-31	97	96	96	67	48
Prostate cancer					
PC-3	100	94	68	23	23
DU-145	107	100	72	-5	-9
Breast cancer					
MCF7	99	98	90	32	12
MCF7/ADR-RES	94	95	87	44 73	7 18
MDA-MB-231/ATCC	97	110	92	73 48	18
HS 578T	99	70	70 34	48 -35	-69
MDA-MB-435	103	87 82	-16	-35	-69
DMDA-N	103	82 98	-16 90	-84 50	48
BT-549 T-47D	102	98	76	41	52
1-10	- 04	80	.0		

### Table 4a

Con	npound 1	Phomopsinamine	Α
IO N		Con	

D No: 9409SC89	Ismanne A				
D NO. 94095C89					
			10 Concen		
Cell line	-6	-7	cent Growt		
Leukemia	-0	-7	-6	-5	-4
CCRF-CEM	97	93	49	-13	_
HL-60 (TB)	104	103	56	-53	-7
K-562	105	100	53		-55
MOLT-4	95	93	91	6	2
RPMI-8226	106	103	65	26	17
SR	104	95	71	9 26	
Non-small cell lung ca		95	/1	26	12
A549/ATCC	99	100	53	19	18
EKVX	89	96	80	44	38
HOP-62	105	101	75	29	38
NCI-H226	82	84	63	-12	-31
NCI-H23	110	112	78	11	
NCI-H322M	96	97	61	31	-9
NCI-H460	104	111	37	4	36 -35
101-11400	: 104	111	37	4	-35
MNCI-H522	66	62	40		
Colon cancer	00	02	40	-42	-54
COLO 205	109	103	36		-72
HCC-2998	109	113	60	-22	
HCT-116	99	99		-16	-59
HCT-15	93	99	63 76	14 19	1
HT29	101	102	50		2
KM12	110	123	77	-53	-64
SW-620	93	100		47	40
CNS cancer	93	100	59	21	24
SF-268	101	100	70	32	13
SF-295	87	86	56	-22	-27
SF-539	97	102			
SNB-19	86	94	77 65	-18	-44
0110-13	60	94	65	27	20
SNB-75	63	78	36	11	22
U251	87	87	40	'0	-39
Melanoma	67	67	40	U	-39
LOX IMVI	98	101	73	38	
SK-MEL-2	102	96	37	-1	28 -6
SK-MEL-28	100	93	65	42	-6 49
SK-MEL-5	102	99	32	17	14
UACC-257	95	95	66	31	42
Ovarian cancer	••	95	00	31	42
IGROVI	100	98	69	37	19
OVCAR-5	102	93	60	11	15
OVCAR-8	81	103	85	55	2
SK-OV-3	101	107	59	27	14
Renal cancer		107	39	21	14
786-0	100	98	91	31	15
A498	111	101	82	2	-11
ACHN	99	100	77	41	21
SN12C	96	93	82	33	13
TK-10	98	100	91	50	31
Prostate cancer		100	91	30	31
PC-3	97	90	40	18	18
DU-145	99	99	48	10	
Breast cancer		99	40	10	1
MCF7	114	116	38	15	
MCF7/ADR-RES	103	99	87	-7	10 -48
MDA-MB-231/ATCC	95	96	86	29	-48 15
HS 578T	87	87	50	6	-5
MDA-MB-435	126	71	-15	-55	
MDA-N	93	87	-15 -6	-55 -58	-32 -49
BT-549	145	85	-6 51		
T-47D	99	105	72	29 26	-25
	93	103	12	26	68

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Table 4b

Compound 1 Phomopsin ID No. 9502RM16	amine A		10 Concen		
Cell line	-8	-7	cent Growtl	h -5	
Leukemia	-8	-7	-6	-5	-4
CCRF-CEM	101	99	67	-7	-34
HL-60 (TB)	106	96	26	-37	-47
K-562	100	100	63	-3	-15
MOLT-4	104	99	88	25	9
RPMI-8226	107	99	61	6	4
SR	104	68	9	-15	-21
Non-small cell lung cance					
A549/ATCC	97	81	44	21	7
EKVX		99	79	41	36
HOP-62	96	101	86	53	45
HOP-92 NCI-H226	128	120	100	98	59
NCI-H226 NCI-H23	114	104 94	47 73	-14 33	-27 34
NCI-H23 NCI-H322M	101	101	73	23	17
NCI-H322M	104	101	/3	23	17
NCI-H460	100	102	37	12	14
NCI-H522	100	102	72	35	-24
Colon cancer	100	102		50	
COLO 205	98	82	28	-24	-45
HCC-2998		103	43	-32	-33
HCT-116	93	93	50	16	8
HCT-15		93	59	22	6
HT29	98	101	40	4	4
KM12	96	81	26	9	1
SW-620	97	93	71	40	31
CNS cancer					
SF-268	98	94	64	47	30
SF-295	103	81	24		0
SF-539	102	95	53	-45	-60
SNB-19	98	94	61	30	21
SNB-75 U251	116	110 89	36	10 11	20
	104	89	41	11	12
Melanoma LOX IMVI			75	37	
MALME-3M	100	95 78	75 55	29	21 25
M14	99	95	56	1	-1
SK-MEL-2	99	91	70	17	16
SK-MEL-28		86	60	24	45
SK-MEL-5	99	68	38	27	19
UACC-257	103	94	73	64	73
UACC-62	97	93	53	35	37
Ovarian cancer					
IGR-OV1	95	95	79	47	30
OVCAR-3	101	77	10	1	-6
OVCAR-4	98	102	89	59	45
OVCAR-5	99	105	50	25	35
OVCAR-8		102	92	42	22
SK-OV-3	100	97	51	0	4
Renal cancer					
786-0	108	101	69	26	20
A498		117	61	-7	-16
ACHN	102 86	101	71 75	53	38 48
CAKI-1	88	82 85	75 56	45 11	48 50
RXF-393 SN12C	86 86	90	79	48	30
TK-10	66	100	111	73	73
UO-31	102	104	97	53	53
Prostate cancer	102	104	51	55	55
PC-3	102	85	38	20	10
DU-145	100	93	35	-12	1
Breast cancer					
MCF7	103	106	43	27	9
MCF7/ADR-RES	97	96	85	46	21
MDA-MB-231/ATCC	96	90	76	27	2
HS 578T	102	72	70	62	77
MDA-MB-435		61	10	-42	-27
MDA-N	94	51	-58	-86	-65
BT-549	110	96	52	41	43
T-47D	93	100	77	54	78

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### In vivo, Hollow Fiber Screeening Assay

The Biological Testing Branch of the Developmental Therapeutics Program has adopted a preliminary *in vivo* screening tool for assessing the potential anticancer activity of compounds identified by the large scale *in vitro* cell screen (Hollingshead, MG etal., Life Sciences, 57, 131 - 141, 1995). For these assays, human tumour cells are cultivated in polyvinylidene fluoride (PVDF) hollow fibers, and a sample of each cell line is implanted into each of two physiologic compartments (intraperitoneal and subcutaneous) in mice. The protocol identifies compounds having moderate to prominent anti-cancer activity, and facilitates identification of sensitive tumor lines and appropriate treatment regimens for subsequent testing in standard, *in vivo* solid tumor models.

### Methodology

Each test mouse receives a total of 6 fibers (3 intraperitoneally and 3 subcutaneously) representing 3 distinct cancer cell lines. Three mice are treated with potential antitumor compounds at each of 2 test doses by the intraperitoneal route using a QD x 4 treatment schedule. Vehicle controls consist of 6 mice receiving the compound diluent only. The fiber cultures are collected on the day following the last day of treatment. To assess anticancer effects, viable cell mass is determined for each of the cell lines using a formazan dye (MTT) conversion assay. From this, the %T/C can be calculated using the average optical density of the compound-treated samples divided by the average optical density of the vehicle controls. In addition, the net increase in cell mass can be determined for each sample as a sample of fiber cultures are assessed for viable cell mass on the day of implantation into mice. Thus, the cytostatic and cytocidal capacities of the test compound can be assessed.

Generally, each compound is tested against a minimum of 12 human cancer cell lines. This represents a total of 4 experiments since each experiment contains 3 cell lines. The data are reported as %T/C for each of the 2 compound doses against each of the cell lines with separate values calculated for the intraperitoneal and subcutaneous samples.

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### Evaluation

Compounds are selected for further in vivo testing in standard subcutaneous xenograft models on the basis of several hollow fiber assay criteria. These include: (1) a % T/C of 50 or less in 10 of the 48 possible test combinations (12 cell lines X 2 sites X 2 compound doses); (2) activity at a distance (intraperitoneal drug/subcutaneous culture) in a minimum of 4 of the 24 possible combinations; and/or (3) a net cell kill of 1 or more cell lines in either implant site. To simplify evaluation, a points system has been adopted which allows rapid viewing of the activity of a given compound. For this, a value of 2 is assigned for each compound dose which results in a 50% or greater reduction in viable cell mass. The intraperitoneal and subcutaneous samples are scored separately so that criteria (1) and (2) can be evaluated. Compounds with a combined IP+SC score ≥ 20, a SC score ≥ 8 or a net cell kill of one or more cell lines are referred for xenograft testing. These criteria were statistically validated by comparing the activity outcomes of > 80 randomly selected compounds in the hollow fiber assay and in the xenograft testing. This comparison indicated that there was a very low probability of missing an active compound if the hollow fiber assay were used as the initial in vivo screening tool. In addition to these criteria, other factors (e.g. unique structure, mechanism of action) may result in referral of a compound for standard xenograft testing without the compound meeting these criteria.

### Results

25 The data acquired for phomopsin A demonstrated significant cell growth inhibition and cytocidal activity as demonstrated by the %T/C results shown for various cell lines in Table 5.

Table 5 Hollow fibre assay (%test/control, %T/C) for Phomopsin A

Cell line	30mg/l	(g/dose SC	<b>20mg/</b> IP	kg/dose SC	45mg/k IP	g/dose SC	30mg/ IP	kg/dose SC
Expt591					Expt580			
LOX IMVI	>100 ;	>100;	37;	>100 ;	98 ;	80 :	88:	85 :
COLO 205	>100 67 ;	>100 49 ;	29 58 ;	>100 85 ;	98 >100 ;	84 64 :	90 58	88 86 :
	59	34	48	81	>100	72	67	89
OVCAR-3	35 ; -18	79 ; 22	36 ; -15	>100 ; >100	61 ; 79	>100 ; >100	25 ; 60	37 ; 66
Expt590					Expt579			
NCI-H23	81;	96;	>100	>100;	44;	-41;	60;	21;
MDA-MB-231	76 46 ;	94 72 ;	>100 44:	>100 46 :	68 >100 ;	38 >100 ;	77 99 :	65 >100
SW-620	30	63	28	29	>100	>100	99	>100
SVV-620	>100 ; >100	>100 ; >100	>100 ; >100	>100 ; >100	78 ; 82	78 ; 83	97 ; 98	86 ; 89
Expt581							-	
NCI-H522	85 ;	96 ;	70 ;	>100;	İ			
UACC-62	59 100 ;	91 92 :	18 97 ;	>100 90 :	l			
	100	81	95	79	1			
U251	>100 ; >100	95 ; 91	90 ; 83	99 ; 98				
Expt582					1			
MDA-MB-435	71;	69 ;	81;	87;	l			
OVCAR-5	62 51 :	58 92 ;	74 89 :	82 95 :	l			
	38	90	87	95 ;	ł			
SF-295	89 ; 68	>100 ; >100	>100; >100	>100 ; >100	l			

Data are results from duplicate assessments against implanted cell lines IP = intraperitoneal

SC = subcutaneous

Finally, it is to be understood that various alterations, modifications and/or additions may be introduced into the composition and/or arrangement of steps previously described without departing from the spirit or ambit of the invention.

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#### Claims

- A method of treatment of a patient suffering cancer comprising administering to the patient an effective amount of a phomopsin.
- 2. A method according to claim 1 wherein the patient is treated with a compound selected from compounds of formula I and derivates thereof

Y OH

$$X \longrightarrow Q$$
 $R^1$ 
 $R^5 \longrightarrow Q$ 
 $R^2$ 
 $R^7 \longrightarrow Q$ 
 $R^6 \longrightarrow Q$ 
 $R^$ 

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wherein:

 $\mbox{R}^{1},\,\mbox{R}^{2},\,\mbox{R}^{3},\,\mbox{R}^{4},\,\mbox{R}^{5},\,\mbox{R}^{6}$  and  $\mbox{R}^{7}$  are optional substituents

 $\boldsymbol{X}$  is selected from the group consisting of aliphatic, hydrogen and halogen; and

- Y is selected from the group consisting of aliphatic, hydrogen and halogen.
  - 3. A method according to claim 2 wherein the patient is treated with a compound selected from compounds of formula I and derivatives and salts thereof wherein in said compound of formula I the substituent X is hydrogen, Y is chlorine and R<sup>1</sup>, R<sup>2</sup>, R<sup>3</sup>, R<sup>4</sup>, R<sup>5</sup>, R<sup>6</sup> and R<sup>7</sup> are independently selected from the group consisting of hydrogen, aliphatic, aromatic, peptide chains and halogen and wherein a conjugate may be formed between a peptide chain and a monoclonal antibody.

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4. A method according to claim 1 wherein the patient is treated with an effective amount of a compound of formula Ia or derivative or salt thereof

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$$\begin{array}{c|c} CI & OH \\ & & \\$$

wherein R<sup>1</sup>, R<sup>2</sup>, R<sup>3</sup>, R<sup>4</sup>, R<sup>5</sup>, R<sup>6</sup> and R<sup>7</sup> are independently selected from 10 hydrogen and aliphatic and R<sup>4</sup> is a peptide optionally conjugated with an antibody.

- 5. A method according to claim 4 wherein  $R^1$ ,  $R^2$ ,  $R^5$  and  $R^6$  are lower aliphatic and  $R^3$  and  $R^7$  are hydrogen.
- 6. A method according to claim 4 wherein  $R^1$  is ethyl,  $R^2$  is methyl,  $R^3$  is hydrogen,  $R^5$  is isopropyl or iso-propenyl and  $R^6$  is methyl and  $R^7$  is hydrogen.
- 7. A method according to any one of claims 4 to 6 wherein the phomopsin of formula Ia comprises compounds of the stereochemistry Ib

$$\begin{array}{c} CI \\ HO \\ HO \\ R^6 \\ NI \\ R^7 \\ H \\ H \\ H \\ R^5 \\ O \end{array} \begin{array}{c} R^1 \\ R^2 \\ NH \\ O \\ R^4 \\ R^5 \\ O \end{array} (1b)$$

- 8. A method according to claim 7 wherein at least 60% by weight of phomopsins present are stereochemistry lb.
- 9. A method according to any one of claims 2 to 7 wherein  $R^4$  is a di or tripeptide optionally bound to an antibody.

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 A method according to claim 8 wherein R<sup>4</sup> has the formula II with all possible stereochemical permutations

wherein the dotted lines represents an optional double bond;  $R^8$  and  $R^9$  are independently selected from hydrogen and lower alkyl; and  $R^{10}$  and  $R^{11}$  are hydrogen, or together make a double bond and  $R^{12}$  is selected from the group consisting of amino, mono substituted amino, disubstituted amino and an amino acid residue.

11. A method according to claim 10 wherein R12 is of formula III

$$HO_2C$$
 $H$ 
 $R^{13}$ 
 $COOR^{15}$ 

- wherein  $R^{13}$  and  $R^{14}$  are hydrogen or together form a double bond and  $R^{15}$  is selected from the group consisting of hydroxy, amino, substituted amino and a monoclonal antibody.
- 12. A method according to claim 1 wherein the patient is treated with a 25 phomopsin selected from the group consisting of phomopsin A, octahydrophomopsin A, iso-phomopsin A, phomopsinamine A, salts thereof and mixtures of two or more thereof.
- 13. A method according to any one of claims 1 to 12 wherein the patient is30 suffering from liver cancer.
  - 14. A method according to any one of claims 1 to 13 wherein said phomopsin or derivative thereof is administered in a pharmaceutical composition with a pharmaceutically acceptable carrier.

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- 15. A method according to any one of claims 1 to 14 wherein the patient is also treated with one or more other anticancer drugs in combination with phomopsin.
- 16. A method according to any one of claims 1 to 15 wherein the administration of phomopsin is at a dosage to effect anticancer activity without adverse cytotoxic effects on normal cells.
- 10 17. A pharmaceutical composition for treatment of cancer comprising a compound of formula I or derivative thereof and a pharmaceutically acceptable carrier therefore

$$\begin{array}{c|ccccc}
Y & OH \\
X & OH \\
R^6 & CH & CH \\
R^7 & N-CH & NH & OH \\
R^6 & R^7 & R^6 & CH \\
R^6 & R^7 & R^6 & R^4
\end{array}$$
(1)

20 wherein

R<sup>1</sup>, R<sup>2</sup>, R<sup>3</sup>, R<sup>4</sup>, R<sup>5</sup>, R<sup>6</sup> and R<sup>7</sup> are optional substituents

X is selected from the group consisting of aliphatic, hydrogen and halogen; and

Y is selected from the group consisting of aliphatic, hydrogen and 25 halogen.

18. A pharmaceutical composition for treatment of cancer comprising a compound of formula Ia or salt thereof

CI OH

$$R^{1}$$
 $R^{2}$ 
 $R^{2}$ 
 $R^{3}$ 
 $R^{4}$ 
 $R^{5}$ 
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wherein  $R^1$ ,  $R^2$ ,  $R^3$ ,  $R^4$ ,  $R^5$ ,  $R^6$  and  $R^7$  are independently selected from hydrogen and aliphatic and  $R^4$  is a peptide optionally conjugated with an antibody.

5 19. A pharmaceutical composition according to claim 17 wherein the phomopsin or derivative thereof is selected from the group consisting of phomopsin A, octahydrophomopsin A, isophomopsin A, phomopsinamine A, salts thereof and mixtures of two or more thereof.

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